

Not so very long ago, a woman in San Francisco consulted a physician, and left his office

A SIMPLE ILLUSTRATION.

to go to a drug store, carrying three or four prescriptions; one of these was for "pepto-mangan (Gude)." She presented all of the other prescriptions to the clerk, but held up the one especially mentioned and asked him if it did not call for "pepto-mangan." He replied that it did. Upon this the lady in question put the prescription in her pocket-book and asked for a bottle of "Lydia Pinkham's compound," saying that if the physician thought one "patent medicine" was good, she thought another was better, and preferred to take that one of her own choosing. What an increased respect for that physician she must have had! How she must have exalted his learning and intelligence! And what a compliment he paid her—to rank her intelligence so high that she considered herself quite on a par with her physician, when it came to choosing which "patent medicine" she should take!

In times past, pharmacy was considered a highly respectable calling and the pharmacist was regarded as a professional man; he was a prototype of the present physician, as the barber was the predecessor of the surgeon. More recently the pharmacist, still regarded as the follower of a professional calling, was regarded as the ally of the physician. But does that relationship maintain at the present time? Is the individual who dispenses drugs to be regarded as a pharmacist, the follower of a profession, or as a druggist, one who merely buys and sells drugs as a purely commercial occupation, incidentally selling alcoholic, cocaine and morphine nostrums to whomsoever will buy, and refilling physicians' prescriptions just as often and just as indiscriminately as the public may desire and be prepared to pay for such potions? It seems to us that this druggist question is now no longer a theory, but has become a condition which necessitates serious consideration by the medical profession. Lay publications (*Collier's Weekly*, the *Ladies' Home Journal*, etc.) have shown that most of the so-called "patent medicines" are either worthless frauds or are alcoholic, cocaine or morphine mixtures. To sell the former class to the deluded people is to participate in a direct fraud; to deal in the latter class of preparations is worse than a fraud, it is participation in a serious crime. We have reached the parting of the ways. Is it the purpose of the former ally of the physician to again become a professional pharmacist and cease from participation in fraud and crime, or is it the intention of the druggists to be merely commercial entities and share in the proceeds of defraud-

ing and debauching the public? What is to be the purpose of the various associations of retail druggists? Is it to stimulate professional pharmacy, or is it to boom the sale of any fraudulent or worthless nostrum for which the manufacturer will agree to fix and maintain a price sufficiently high, so that the retailer of the fraud may participate in the crime? It should be the duty of every county medical society in the United States to take this matter up with the local druggists (or pharmacists?) and demand some definite statement of their attitude.

Where is the freedom of the press? Practically every newspaper in this country has been bought by the alcoholic nostrum manufacturers and has signed advertising contracts with them which contain the following clauses:

1st. It is agreed in case any law or laws are enacted, either State or National, harmful to the interests of the (Nostrum Manufacturing Co.), that this contract may be cancelled by them from date of such enactment, and the insertions paid for pro rata with the contract price.

2d. It is agreed that the (Nostrum Manufacturing Co.) may cancel this contract pro rata in case advertisements are published in this paper in which their products are offered, with a view to substitution or other harmful motive; also, in case any matter otherwise detrimental to the (Nostrum Manufacturing Co.'s) interests is permitted to appear in the reading columns or elsewhere in this paper.

(See *Collier's Weekly*, Nov. 4, 1905.)

In the matter of the fees for life insurance examinations, we have to report progress since last month. We are now compiling information relating to every company doing business in this State, and hope in a short time to be able to place it before you. In the meantime, we know of two companies that have instructed their agents to pay the \$5 fee in this State when it is demanded, and under no circumstances to allow any trouble on this score to arise. It seems to be quite evident that it is only a matter of time when the minimum fee paid for a life insurance examination in California will be \$5; that is, *if the physicians of the State want it to be so*. It is all up to you. If you will insist upon this, and fight it out, you will certainly win. The medical directors of several companies have written us that, in their estimation \$5 is little enough to pay for the work done, and that a cheap examination is really worthless. Just use all your personal influence in diverting business from the cheap and careless companies to those which have enough thought for their policy holders to pay for a proper examination and pay a decent fee. Physicians have too long regarded themselves as impotent in the hands of these mighty corporations, and hence they have been paid but scant consideration.

You have the power to alter this condition of things, if you care to exert it. Will you do so? Do you care to see a change?

It seems hardly necessary to call the attention of our members to the value of a complete file of information relating to **THE A. M. A. licensed physicians, for in this DIRECTORY.** State an official Register has been published for nearly twenty years. Heretofore, however, there has been no such registration of information covering the entire United States, and all published Registers or Directories have been very faulty. It is for that reason that the American Medical Association has undertaken to compile this data and then to publish a directory which will be really reliable. Every physician in the State should fill out and return promptly the information blank which has been sent him by the secretary of the A. M. A. All of the information requested will not be used for publication, any more than all the information asked for on the cards which we use for our State work appears in our Register; but it is necessary for identification purposes. Please be prompt about sending in the information blanks, and thus expedite the work of bringing out a good directory.

DR. McCORMACK'S ADDRESSES ON ORGANIZATION.

(Concluded from page 377, Vol. III, No. 12.)

Most of the meetings of county medical societies in the past, and many at the present time, are not of very great value. In too many instances the proceedings will be about as follows: A summary of minutes will be read, and then Dr. Blank will be called upon to read a paper. This is liable to be upon the treatment of typhoid fever, proper management of labor, or, if it is in the spring, on the summer diarrhea of infants. The paper is made up of extracts from some long-since antiquated textbook, and both it and the author should have had several new editions brought out to bring it up to date. After the paper is read there will be a profound silence, until the presiding officer states that the paper is now before the society and calls upon Dr. X. to open the discussion. Dr. X. arises and his discussion is apt to be about as follows: "Mr. President and fellow members, I fear that I have not been so regular an attendant at the meetings of our county society in the past as I should have been. But when I listen to such an excellent paper as has been presented to us to-night by Dr. Blank, I feel that I shall be more regular in the future. Dr. Blank has presented such a masterly paper and has placed the information so clearly before you, that there seems to me to be nothing left that

I can add to what he has said. I will therefore ask you to excuse me and call upon some other member, who may possibly be able to add to the subject under discussion." That sort of a meeting is almost enough to make any studious and hard working physician keep away from his county society more industriously than ever.

By contrast, consider what a county society should do, and what a few are doing at the present time. Its secret of success is in work; regular, systematic work. It should meet once a week, or oftener, if possible, and regular courses of work should be outlined and taken up. From September to May, the business of the county society, and of every member of it, should be to make the society a practical post-graduate medical school. In order to secure the evenings free, physicians should make their night rates go into effect at 8 o'clock, and should advise their patients that they will get better attention at half the cost if they will have the forethought to call their physician, when they need him, before that hour. Nine out of every ten night calls are totally unnecessary; the doctor might just as well have been called before eight, or the next day; generally when the doctor is called out at night it is due to unthinking selfishness.

There is not a physician who has been in practice for any number of years who has not grown rusty in some branches, and who would not be improved by regular courses of study. Who of us who has not been constantly at work in the dissecting room would not be improved by a good course in practical anatomy? Who would not benefit by a course on materia medica which would take up the work of the Council on Pharmacy and Chemistry and talk plain facts as to the nature and composition of the many fraudulent nostrums recommended to our profession? As individuals, we do not know the real truth about most of these things, and our medical journals tell us only the manufacturers' side.

Every one of the regular lines of medical study should be taken up by the county society and regular courses of work followed. There is not a single advantage that is open to doctors in New York or Paris or Berlin that is not open to every member of every county medical society, if he will but work for it. If the members will abide together in peace and charity, looking after their own and each others' interests and working together for the common good, they will all be better doctors and the public will more nearly receive what it expects—competent medical attendance. Different members should go to other places from time to time, and take post-graduate work and then come back and give the county society the benefit of their studies. In a well-organized and properly operating county medical